

INSTRUCTIONS FOR COMPLETION OF CONSENT TO RELEASE ALCOHOL AND DRUG TEST INFORMATION FROM PREVIOUS EMPLOYER

Section 1: Authorization for Release of Information

The Code of Federal Regulations, Title 49, Section 40.25, requires that Placer County, as the employer, must request information regarding applicants for safety-sensitive positions, for the last two years, from the applicant's former Department of Transportation regulated employers.

In order to obtain this information, the applicant must sign an Authorization for Release of Information, located in Section 1 of the Consent to Release Alcohol & Drug Test Information From Previous Employer form. You will need to complete one form EACH employer within the last two (2) years. Please fill out the requested information as follows:

- A. Please **print** your first name, your middle initial and your last name.
 - B. Please enter your social security number.
 - C. Please print your previous employer's name, mailing address, telephone number and fax number, if applicable, for employment within the last 2 years. Please include only employers for whom you drove or performed other safety-sensitive functions. If you have had more than one employer within the last two years, please complete a separate form for each employer.
 - D. **SIGN AND DATE** the authorization for release of information.
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Section 2: Pre-Employment Alcohol and Drug Test Statement

Pursuant to CFR Section 40.25 (j), you are required to answer questions 1 and 2:

- 1) If, within the last two years, you have: a) tested positive, or b) refused to test, on a pre-employment drug or alcohol test administered by an employer for which you did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules, please check **YES**.
If not, then check **NO** and skip to item G.

If you checked **YES**, please complete items E, F, and question 2) as follows:

- E. Please enter the employer's name and address for which you tested positive or refused to test on a pre-employment drug or alcohol test, **and** for which you did not obtain, safety-sensitive transportation work.
- F. Please print your name.
- 2) If you answered yes, and you can provide/obtain proof that you've successfully completed the DOT return to duty requirements, then mark YES. If not, then mark NO.

Please continue to item G.

- G. **YOU MUST SIGN AND DATE THIS FORM.**
 - H. **YOUR SIGNATURE MUST BE WITNESSED.** Anyone you choose can witness your signature.
Have your witness sign and date that they watched you sign the document.
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DO NOT COMPLETE SECTIONS 3 AND 4
THEY WILL BE COMPLETED BY YOUR FORMER EMPLOYER AND/OR PLACER COUNTY.